



3601 Mulberry Church Rd.  
Charlotte, NC 28208  
(704) 392-3418 or (800) 865-0445  
www.NovaCU.com

# ACCOUNT CHANGE CARD

## SUBSEQUENT ACTIONS

I/We authorize the Credit Union to make and accept the following changes to my/our accounts:

**TYPE OF CHANGE** (Please indicate the type of change and complete only the information that affects the change.)

<b>Account Owner Information</b>	<input type="checkbox"/> CHANGE	<b>Joint Owner(s) Information</b>	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE
<b>Agent</b>	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE	<b>POD/Trust Beneficiary</b>	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE
<b>Trustee</b>	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE	<b>Account Type/Services</b>	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE

## OWNERSHIP INFORMATION CHANGES

<b>Member/Owner:</b>	<b>Account No.</b>
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No.: <span style="float: right;">Issue: Exp.:</span>
Home Phone:	Date of Birth:
Work Phone: <span style="float: right;">Cell Phone:</span>	E-mail:
Employment:	Job Title:

The account(s) is a Joint Account: (G.S.54-109.58) We  do  do not elect to create the Right of Survivorship in this account.

We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58 that: (1) the Credit Union may pay the money in the account to, or on the order of, any person named in the account unless we have directed that withdrawals require more than one signature; and (2) if we elect to create the right of survivorship in the account, that upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

**Joint Owner:** If required by the Credit Union, removal of a joint account owner requires consent of all owners, and we will hold the Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including any membership share in the account(s) set forth in the "ACCOUNT TYPE" section. This relinquishment does not affect my/our obligation on any loan accounts.

<b>Joint/Owner:</b>	SSN/TIN:
Street:	Driver's Lic. No.: <span style="float: right;">Issue: Exp.:</span>
City/State/Zip:	Date of Birth:
Home Phone:	E-mail:
Work Phone: <span style="float: right;">Cell Phone:</span>	Employment: <span style="float: right;">Job Title:</span>
<b>Joint/Owner:</b>	SSN/TIN:
Street:	Driver's Lic. No.: <span style="float: right;">Issue: Exp.:</span>
City/State/Zip:	Date of Birth:
Home Phone:	E-mail:
Work Phone: <span style="float: right;">Cell Phone:</span>	Employment: <span style="float: right;">Job Title:</span>

## ACCOUNT DESIGNATIONS

**Payable on Death (POD)/Trust Account**  All Accounts  Designate Specific Account(s) \_\_\_\_\_

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:
DOB/SSN:	DOB/SSN:

**Agency** Print Name of Agent: \_\_\_\_\_  All Accounts  Designate Specific Account(s) \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ACCOUNT TYPE

Share/Savings:  Money Market:  
 Share Draft/Checking:  Living Trust:  
 Share Certificate/Certificate:  Other:

### ACCOUNT SERVICES

Overdraft Protection (indicate transfer priority below):  
 ATM/Debit Card:  Zip 24:  
 eBranch:

## AUTHORIZATION

I/We agree that the changes on this Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the Agreements and Disclosures applicable to the accounts and services requested above. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

<b>X</b>	<b>X</b>	<b>X</b>
Signature	Signature	Signature
Date	Date	Date

**FOR CREDIT UNION USE ONLY**

Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report <input type="checkbox"/> MDD <input type="checkbox"/> Checks <input type="checkbox"/> OFAC <input type="checkbox"/> Scan all documents <input type="checkbox"/> Chex Systems <input type="checkbox"/> PIN Request		
<input type="checkbox"/> ATM/Debit Card <input type="checkbox"/> SDD <input type="checkbox"/> ODP <input type="checkbox"/> Scan IDs <input type="checkbox"/> Make File <input type="checkbox"/> File <input type="checkbox"/> Zip 24 <input type="checkbox"/> eBranch		